يب	DIVISION OF VITAL STATISTICS					
721	BIRTH NO. REGISTRAR'S NO. 2/15					
- Art	1. PLACE OF DEATH			2. USUAL RESIDENCE (WHERE DECEASED LIVED.		
DEATH	A. COUNTY Maricopa			A. STATE Arizona B. COUNTY		
1 24	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE   C. LENGTH OF STAY OR RURAL) IN THIS PLACE IN ARIZONA			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)  OR Dhooming		
128 11	TOWN Phoenix . 9 days 67yrs  D. Full name of (15 not in hospital or institution, five street			D. STREET (IF RURAL, GIVE LOCATION)		
SIDENCE						
	INSTITUTION Maricopa County Hospital			Address 1214 E. Cocopah		
3	3. NAME OF A.	(FIRST) B.	(MIDDLE) C.	(LAST)	4. SEX	5. COLOR OR RACE
1	DECEASED TYPE OR PRINT:	RVING	SILL	IMAN	Male	White
	6. MARRIED 🔲	7. DATE OF BIRTH	B. AGE	IF UNDER 24 HOURS	9A. USUAL OCCUPATION	(GIVE KIND OF WORK FE, EVEN IF RETIRED).
607 7	NEVER MARRIED	July 21 1861	YEARS MONTHS DAYS	HOURS MIN.	Baker	E. EVEN IF RETIREDY.
ן כל ואי	9B. KIND OF BUST-			12. WAS DECEASED EVER	IN U. S. ARMED FORCES?	13. SOCIAL SECURITY
INAL, On	NESS OR INDUSTRY OR FOREIGN COUNTRY! COUNTRY!			(YES. NO. OR UNKNOWN) (IF YES. WAR OR DATES OF SERVICE)		
TA / 70	C/10-00-00-00-00-00-00-00-00-00-00-00-00-0			NO NAME		NONE
	14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)	15A, MOTHER'S MAIDEN NAME		(STATE OR COUNTRY)
$\mathcal{U}$	Silliman		New York	ork Unknown		New York
7) as 4	16. INFORMANT'S SIGN	NATURE	ADDRESS	17. DATE		DAY) (YEAR)
451	Les Whitfil	1. 826 E. Glend	ale Ave.	DEATH S	September 3	0 1951
	LIB CAUGE OF DEATH I					INTERVAL BETWEEN ONSET AND DEATH
1221						A DEATH
JS€ "						l l
E A	THE HODE OF DYING. SUCH AS HEART FAIL.  MORBID CONDITIONS, IF ANY, GIVING DUE TO (b)					A # 7 4
						-
.тн **	URE. ASTHENIA. ETC. RISE TO THE ABOVE CAUSE (8) STAT-					
i 18) 🧷	INJURY, OR COMPLICA- DUE TO (C)					
V	DEATH. LI. OTHER SIGNIFICANT CONDITIONS					
	PLACE DISEASE COH- Tracted.	CONDITIONS CONTRIBUTION RELATING TO THE DISEAS	ONDITIONS CONTRIBUTING TO THE DEATH BUT NOT LATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
rions,	THE PROPERTY OF THE PROPERTY O					20. AUTOPSY?
OPSY Z		1				YES   HO'
	21A. ACCIDENT	(SPECIFY)		(E. G., IN OR ABOUT HOME	21C. (CITY OR TOWN)	(COUNTY) (STATE)
.TH _	SUICIDE FARM, FACTORY, STREET, OFFICE BLDG., ETC.)					
то /	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
INAL -	OF		WHILE AT NOT WHILE	1		
ENCE	INJURY	м	WORK AT WORK	3	20 51	
CAL	22. I HEREBY CERTIF	X THAT I ATTENDED THE DE	CEASED FROM Sept. 1			LAST SAW THE DECEASED
ONER'S	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 11 19 51 TO Sept. 30 19 51 THAT I LAST SAW THE DECE ALIVE ON Sept. 29 19 51 AND THAT DEATH OCCURRED AT 1:00 FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
,	23A. SIGNATURE	5/ A (DEG	REE OR TITLE!	ZSB. ADDALSS	Phonin Ania	23C. DATE SIGNED
CATION	Manu 2	Krudmin 7			Phoenix, Ariz.	1/00/07
'DAI	24A. BURIAL 24B. DATE 24C. NAME OF CEMET			ERY OR CREMATORY		Y, TOWN. OR COUNTY) (STATE)
ERAL TOP	CREMATION 🗒	10/3/51	Greenwood		Phoenix, A	riz.
CTORS/5	REMOVAL	258. REGISTRAR'S SIG	NATURE	26. FUNERAL PREST	OR'S SIGNATURE	ADDRESS
TRAR	LOCAL REG.					
	!	_		27. EMY LMER SEL	NATURE	CERT. NO.
2	, ,	$\square$	1 1.	What Zu I'm	hirow Fineral H	lone.
	10/2/5/	Bulk	ohuston	THE MILE OF SECTION OF 1	7	· · · · · · · · · · · · · · · ·
1001	76/	FORM VS 2 REV. 8-50 201	M @ 11		-	
7		والأستيان والمرازي والمستعدد	e a i i gazi ga a a a a a	Law season a through Alaga described in the	grana niwa ni ing mga mga mga mga mga mga mga mga mga mg	The state of the second